

# RETURN TO CHAIRMAN BOARD OF HEALTH

CONSTITUTIONAL LAW

ARTICLE 10, SECTION 1, PARAGRAPH 1

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## ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 131

Place of Birth Miami

County Gila

No. 33 Grover Canyon St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* Nov. 12, 1930  
(Month) (Day) (Year)

Alejandro O. Almanza

(Give name in full)

(Surname)

FATHER  
FULL NAME Jesus Almanza

Jesus O. Almanza  
(Parent's Signature)

MOTHER  
FULL NAME Maria Ortiz

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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RECEIVED

noted and published in the official gazette of the state of Arizona, and the birth of the child is hereby certified to be the same as the child described in the above report.

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